

CLAIMS ONLY						Application Number <u>89-730836</u>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
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42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep.	2						
Total Depend.	16						
Total Claims	18						